



# Facility Contact Information

Page 1 of 2

OMB No. 0920-0666  
Exp. Date: 02-29-2008

* required for saving		Tracking #:	
*Facility Name:			
*Main Telephone Number:			
*Mailing Address: _____ _____ _____			
*City:	County:	*State:	*ZIP: -
<b>For each identifier listed below, enter the # / code or check "Not Applicable" if your facility does not have that identifier:</b>			
*American Hospital Association ID#:		<input type="checkbox"/> Not Applicable	
*CMS Provider #:		<input type="checkbox"/> Not Applicable	
*VA Station Code:		<input type="checkbox"/> Not Applicable	
If none of the above identifiers is applicable, enter CDC-provided Enrollment #:			
<b>*Facility Type:</b>			
<b>*NHSN Components:</b> Indicate which component(s) the Facility will use initially (components may be added at any time after enrollment)			
<input type="checkbox"/> Patient Safety Component <input type="checkbox"/> Healthcare Personnel Safety Component			
<b>NHSN Facility Administrator:</b>			
*Name:			
Title:			
*Mailing Address: (if different from facility) _____ _____ _____			
*City:		*State:	*ZIP: -
*Telephone Number: (    )		Extension:	
FAX Number: (    )			
Pager Number: (    )			
*Email:			
*User Name:			
<small>Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</small>			
<small>Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).</small>			
<small>CDC 57.75R (Front) Effective date 11/01/2005</small>			



# Facility Contact Information

Page 2 of 2

OMB No. 0920-0666  
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## NHSN Patient Safety Primary Contact Person (if different from Facility Administrator)

\*Name:

Title:

\*Mailing Address: (if different from facility)

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\*City:

\*State:

\*ZIP:

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\*Telephone Number: (    )

Extension:

FAX Number: (    )

Pager Number: (    )

\*Email:

## NHSN Healthcare Personnel Safety Primary Contact Person (if different from Facility Administrator)

\*Name:

Title:

\*Mailing Address: (if different from facility)

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\*City:

\*State:

\*ZIP:

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\*Telephone Number: (    )

Extension:

FAX Number: (    )

Pager Number: (    )

\*Email:

*A valid email account is required for enrollment*